



OFFICE OF CONSUMER AFFAIRS  
One South Station • Boston, MA 02110

DIVISION OF INSURANCE - Julianne M. Bowler, Commissioner  
• (617) 521 - 7794 • Fax (617) 521 - 7576

## APPLICATION FOR REINSURANCE INTERMEDIARY LICENSE

**INSTRUCTIONS** -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Sign and date the application.
- Return one application per officer, director, partner, employee, or member with a check for \$66.66 per officer, director, partner, employee, or member made payable to the Division of Insurance

**NOTE: fees are non-refundable**

- **Please Note – Your renewal application must be received at the Division of Insurance on or before the expiration date of your current license.**

**Non-Residents:**

- Provide an original certificate of good standing, not more than 90 days old, from their home state.

**If you have any questions or need assistance, please contact Licensing at (617) 521-7794.**

The application form with your check should be mailed to:

Division of Insurance  
**Producer Licensing Section**  
One South Station  
Boston, Massachusetts 02110 - 2208

*Please Print or Type*

To the Commissioner of Insurance:

\_\_\_\_\_ New Application

\_\_\_\_\_ Renewal Application

Application is hereby made for the renewal of the Reinsurance Intermediary License issued to:

\_\_\_\_\_

Insert exact name of the Corporation, Partnership, Firm or Association (Organization) as it will appear on the license. You may only solicit business in the name shown above. The following individuals will be acting on behalf of and in the name designated above:

Name	Title
_____	_____
_____	_____
_____	_____

**Above: List only Officers or Directors or Partners** with authority to solicit business in the name shown above. List their names and all of the titles held by each person. Complete one of these applications for each person named above.

**Below:** List the names and titles of **employees or members** of the Organization who will be acting on behalf of and in the name designated above. An application must also be completed for each of the individuals named below as each person authorized to act on behalf of the organization must be individually qualified as a reinsurance intermediary.

Name	Title
_____	_____
_____	_____
_____	_____

- |                       |        |                   |                |         |
|-----------------------|--------|-------------------|----------------|---------|
| 1. Name of Applicant: | _____  | _____             | _____          | _____   |
|                       | Last   | First             | Middle         | Jr./Sr. |
| 2. Social Security #: | _____  | 3. Date of Birth: | ____/____/____ |         |
| 4. Home Address:      | _____  | 5. Tel #          | ____(____)____ |         |
|                       | Street | City              | State          | Zip     |

8.	Residence (last 10 years):			
	Street	City	State	Zip
	Street	City	State	Zip

9. Lines of Insurance Corporation intends to transact:  
☐ Accident & Health ☐ Life ☐ Fire & Casualty  
 Lines of Insurance individual signing application intends to transact:  
☐ Accident & Health ☐ Life ☐ Fire & Casualty

**Note Regarding Business Entity Resident Reinsurance Intermediary Applicants:** Each officer, director, partner or employee authorized to act as a reinsurance intermediary under the above name must have been licensed as an insurance producer for the lines for which he intends to transact business as a reinsurance intermediary for a period of at **least three years** prior to applying for such a license. **The insurance producer license must be maintained.**

10. Capacity in Which the Organization Intends To Act:

☐ Reinsurance Intermediary Broker

☐ Reinsurance Intermediary Manager

11. Check One: ☐ Massachusetts Resident License ☐ Nonresident License

12. Occupation and Business Affiliations (last 10 years):

From	/	/		to	/	/		Duties or Title:	
Employer's Name:									
Address:									
Street				City		State		Zip	

  

From	/	/		to	/	/		Duties or Title:	
Employer's Name:									
Address:									
Street				City		State		Zip	

Attach more details, if necessary.

13. Do you or does the Organization engage in any other business other than insurance? Yes ( ) No ( )  
If yes, please describe the business, and provide the name and address of the business location and of any employer:

14. Does the Organization act, or intend to act, as a reinsurance intermediary from an address in Massachusetts? Yes ( ) No ( )  
If yes, where

15. List any person, firm, association or corporation who or which, directly or indirectly, has the power to direct or cause to be directed, the management, control or activities of the Organization pursuant to the definition of control or controlling in M.G.L. c. 175, §177N. If none, check here ( ).

Name: _____	Address: _____
Name: _____	Address: _____

Explain how each person listed above directs the management, control or activities of the Organization.

16. Has any commissioner or department ever suspended, canceled or revoked any license issued to you or to any controlling person as a producer or motor vehicle damage appraiser, or ever refused to issue or renew any such license, or have you or any controlling person ever surrendered any such license or has any insurance company canceled any contract of employment or an appointment of, or a license to you or any controlling person as its producer for any reason, or has any other public official or court ever suspended, canceled or revoked any license or authority of any kind issued to you or any controlling person to pursue any trade, calling or profession or refused to issue or renew any such license or authority or discharged or removed you or any controlling person from any public office or position? ( If yes, attach details).  
Yes ( ) No ( )
17. Has any licensing authority, directly or indirectly, ever suspended, revoked, canceled or restricted a license issued to you or to any controlling person or assessed or imposed a fine, penalty or costs against you or any controlling person for activities conducted pursuant to that license? (If yes, state the name and address of the authority, the type of license, the date of action, and attach a copy of the order, decision or other document issued by or on behalf of the authority).  
Yes ( ) No ( )

18. Has any licensing authority ever conducted an investigation of you or initiated any administrative action, including but not limited to an order to show cause, against you or against any controlling person? (If yes, state the name and address of the authority, the date of action, the type of license, and attach a copy of any complaint or order to show cause filed by or on behalf of such authority and any final orders issued in connection with the action).  
Yes ( ) No ( )
19. Have you or has any controlling person ever filed a voluntary petition or been involuntarily petitioned into bankruptcy or insolvency, or have you or any controlling person ever made any assignment for the benefit of, or any composition with creditors? (If yes, attach details).  
Yes ( ) No ( )
20. Have you or has any controlling person ever been under guardianship or other legal disability? (If yes, attach details).  
Yes ( ) No ( )
21. Is any company or producer claiming that you or any controlling person are now indebted to them for overdue collected insurance premiums or does any insured, managing general agent, insurance company or producer claim you or any controlling person owe them money? (If yes, attach details).  
Yes ( ) No ( )
22. Have you or has any controlling person ever been convicted of, or arrested or prosecuted for, any crime or offense against the laws of this or any other state or country, or pled *nolo contendere* or guilty to any violations of the criminal statutes of any jurisdiction, or is any indictment, complaint, investigation or proceeding for any alleged violation of the criminal laws of any jurisdiction pending against you or any controlling person? (If yes, attach details).  
Yes ( ) No ( )
23. Have you or has any controlling person ever been named as a party in any civil suit which asserts claims, counterclaims or crossclaims against you or such controlling person which: a) relate to or arise out of your insurance or reinsurance business; or b) allege fraud, misrepresentation, larceny, or deceit; or c) allege violations of securities laws; or d) relate to or arise out of any financial service or planning activities? (If yes, attach details).  
Yes ( ) No ( )
24. Have you has any controlling person ever changed your name through a court of law? ( If yes, attach details, i.e., court and date of change).  
Yes ( ) No ( )

25. **NONRESIDENT APPLICANTS**

- a. Pursuant to M.G.L. c. 175, § 177O(D)(2), I designate the Commissioner of Insurance as Agent for service of process in the manner and with the same legal effect provided for by M.G.L. c. 175B for designation of service of process upon unauthorized insurers.
- b. Further, pursuant to M.G.L. c. 175, § 177O(D)(2), the following resident of Massachusetts upon whom notices or orders of the Commissioner or process affecting such nonresident reinsurance intermediary may be served is provided.

Name: \_\_\_\_\_

Address, including name of business if any  
\_\_\_\_\_

Note: You are required to promptly notify the Commissioner in writing of every change of your designated agent for service of process.

26. **I have read and am familiar with the insurance laws of Massachusetts regarding insurance and the duties and obligations of reinsurance intermediaries. I intend to act and hold myself out and carry on business in good faith as a reinsurance intermediary broker or reinsurance intermediary manager. If this application is for a Business Entity resident reinsurance intermediary application, I hereby verify that I will maintain an individual insurance producer license in the line(s) in which I intend to transact on behalf of the organization while I am acting on behalf of the organization as a reinsurance intermediary manager or reinsurance intermediary producer. I hereby verify the foregoing answers and statements and declare they were made under the penalties of perjury. At any time, if the above information changes, I will promptly notify your office.**

This application must be signed by the applicant personally. Your signature constitutes your understanding that you must comply with the Commonwealth's insurance and tax laws.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ YEAR  
\_\_\_\_\_, Applicant \_\_\_\_\_  
full signature print name

Please enclose a check for **\$66.66 per officer, director, partner, employee, or member** made payable to the **Division of Insurance**.

*Please Note: This application must be signed by the applicant personally.*